Vermont Care Partners and Designated Agency Overview

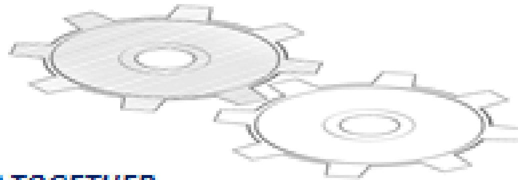
February 2017

Vermont Care Partners

Vermont Care Partners is a collaboration of two organizations,

Vermont Council of Developmental and Mental Health Services
Vermont Care Network

We work together on behalf of our statewide system of care to provide statewide leadership for an integrated, high quality system of comprehensive services and supports



WORKING TOGETHER,
people in Vermont can live healthy, safe and satisfying lives in their communities....

What Do We Do?

* ***Designated Agencies (DA's) have a statutory responsibility to meet all of the developmental and mental health services needs of their region within the limits of available resource***
* ***Specialized Service Agencies (SSA's) provide a distinct approach to services or meet distinct service needs***
* ***Many Designated Agencies are also preferred providers of substance use disorder services***
* ***All agencies are mission-driven non-profits who provide person-directed services and supports under the direction of governance boards who have consumer/family majorities***

A STATEWIDE SYSTEM OF CARE IN VERMONT DESIGNATED AND SPECIALIZED SERVICE AGENCIES

- ***This system of care is essential to Vermont's safety net, economy and health care system because enable youth to succeed in school, support people to work, live in stable housing, contribute to their communities and lead healthy lives***

- ***By statute we address the needs of mandated populations, plus we promote health and wellness and meet community needs, including crisis intervention and disaster response***

- ***If the system fails it will have a profound impact on the safety net for vulnerable Vermonters and place additional demands on health care, schools and public safety and criminal justice services***

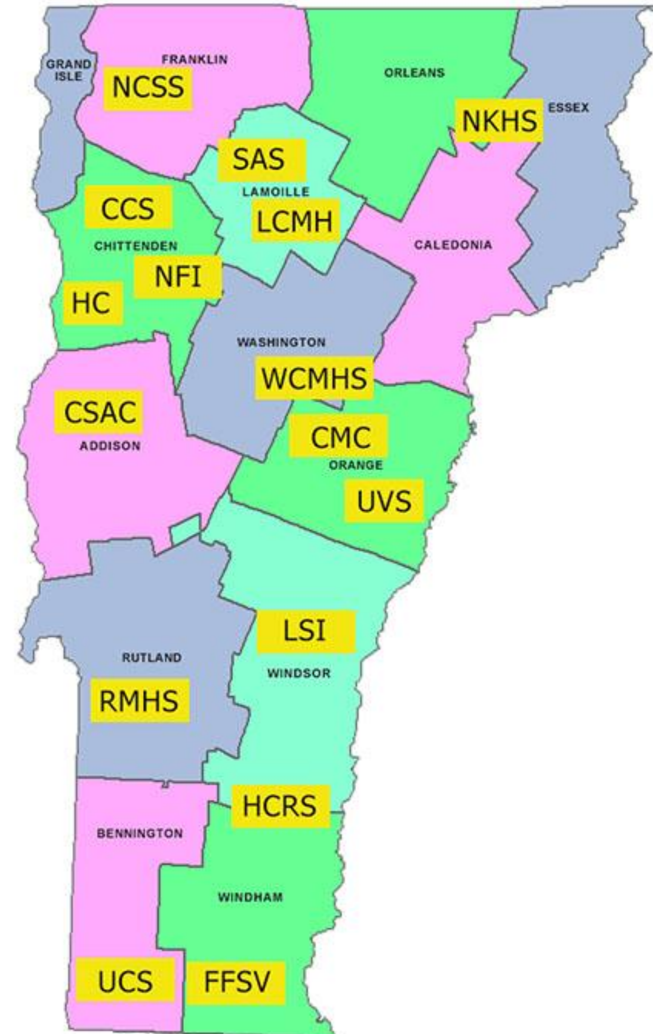
A STATEWIDE SYSTEM OF CARE IN VERMONT DESIGNATED AND SPECIALIZED SERVICE AGENCIES

Designated Agencies

Clara Martin Center (MH only)
Counseling Services of Addison County
Health Care and Rehabilitation Services of Southeastern Vermont
Howard Center
Lamoille Community Mental Health Services
Northwest Counseling and Support Services
Northeast Kingdom Human Services
Rutland Mental Health Services
United Counseling Service
Upper Valley Services (DS only)
Washington County Mental Heath Services

Specialized Service Agencies

Champlain Community Services (DS only)
Families First (DS only)
Lincoln Street Inc. (DS only)
Northeast Family Institute (MH youth only)
Sterling Area Services (DS only)
Pathways for Housing (not a VCP Member)
Specialize community Care (DS only, not a VCP Member)



A STATEWIDE SYSTEM OF CARE IN VERMONT DESIGNATED AND SPECIALIZED SERVICE AGENCIES

* ***13,412 Vermonters work for the Agencies as either employees or contractors***
* ***In FY15 Agencies had a total cost of- $262,498,664 for employees and in-state contractors***
* ***Agencies directly serve approximately 35,000 clients and "touch" at least 50,000 through all of our programs even though some are not registered as clients***

Community Programs

Program	Description
Adult Outpatient (AOP)	Provides services for adults who do not have prolonged serious disabilities but who are experiencing emotional, behavioral, or adjustment problems severe enough to warrant professional attention
Community Rehabilitation and Treatment (CRT)*	Provides services for adults with severe and persistent mental illness
Developmental Disabilities Services *	DDS provides comprehensive supports for children and adults who meet Vermont's definition of developmental disability and a funding priority as identified in the State System of Care Plan.
Children and Families (C&F)*	Provide services to children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations.
Emergency Services	Serves individuals who are experiencing an acute mental health crisis. These services are provided on a 24-hour a day, 7-day-per-week basis with both telephone and face-to-face services available as needed.
Advocacy and Peer Services	Broad array of support services provided by trained peers (a person who has experienced a mental health condition or psychiatric disability) or peer-managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery

*mandated service population

We work in a broader context to achieve health outcomes

We Work with Community Partners to Address the Social and Medical Determinants of Health

Public Schools

Area Agencies on Aging, SASH & Senior Centers

Health Care Providers and Hospitals

Law Enforcement & First Responders

Courts

Local Housing & Human Service Agencies

Universities and Colleges

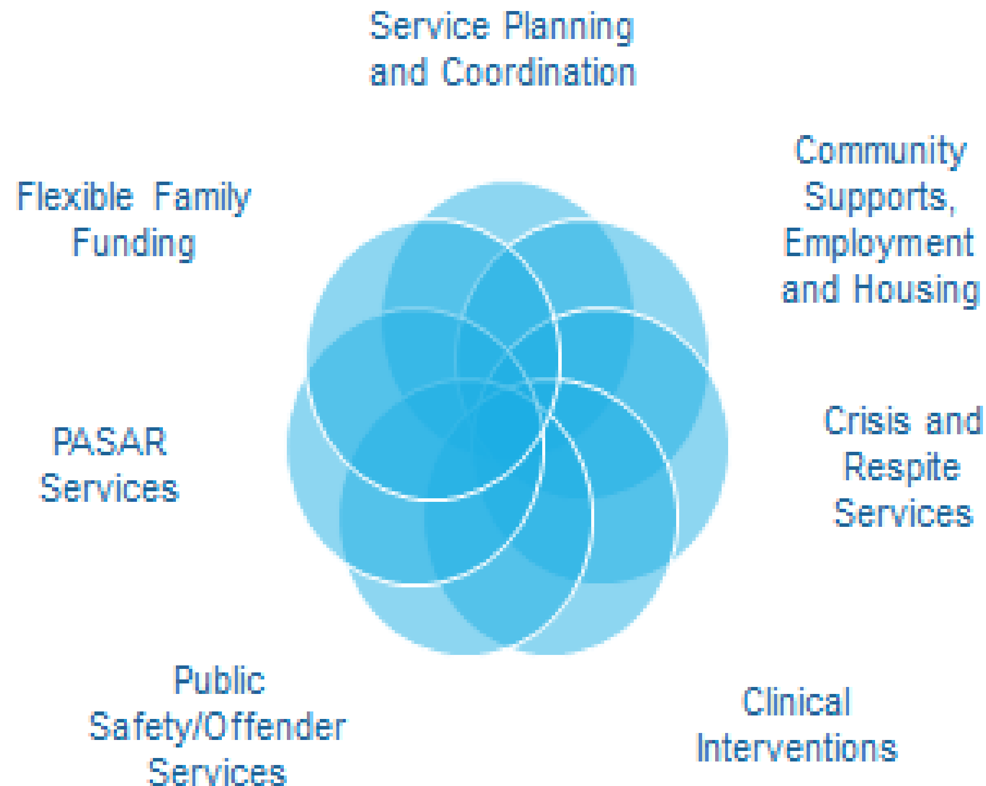
Peers

State Agencies

Family and Community Members

DEVELOPMENTAL SERVICES

PAYMENT MECHANISMS: Per Person Daily Rate Waiver, Monthly Case Rate, Grant Funding, Contract Invoicing, Fee-For-Service

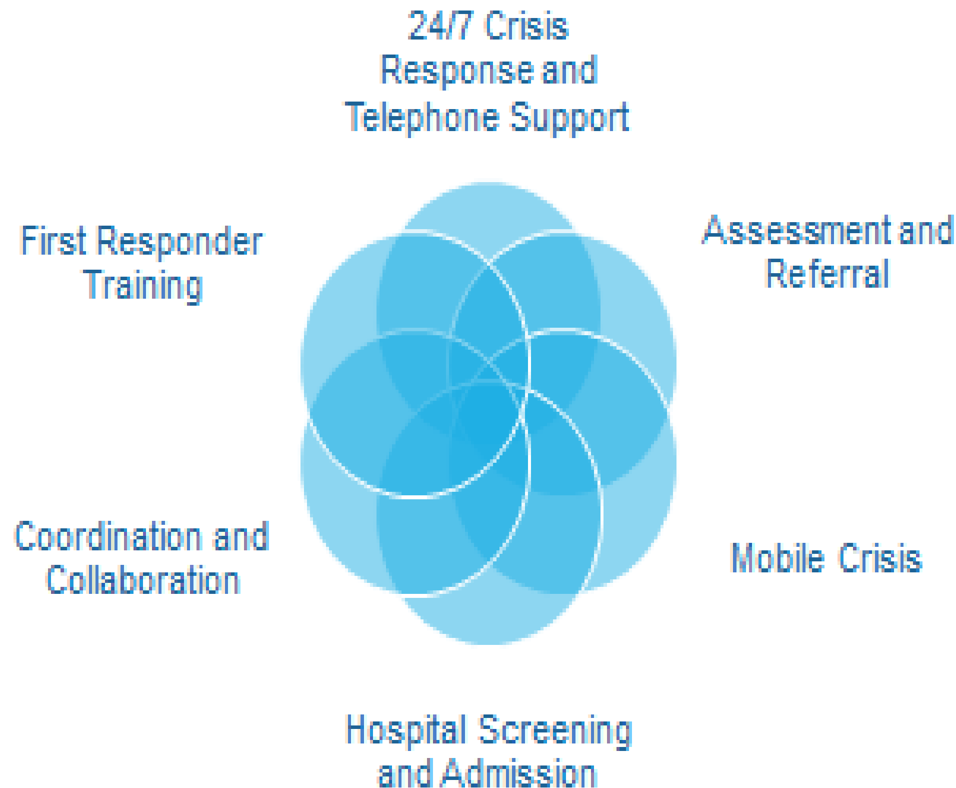


COMMUNITY SUPPORT PROGRAM (CRT)

PAYMENT MECHANISMS: Monthly Case Rate (6 mo. look back from FFS perspective: 3% variance), Grant Funding, Specialized Payments for High Needs Individuals

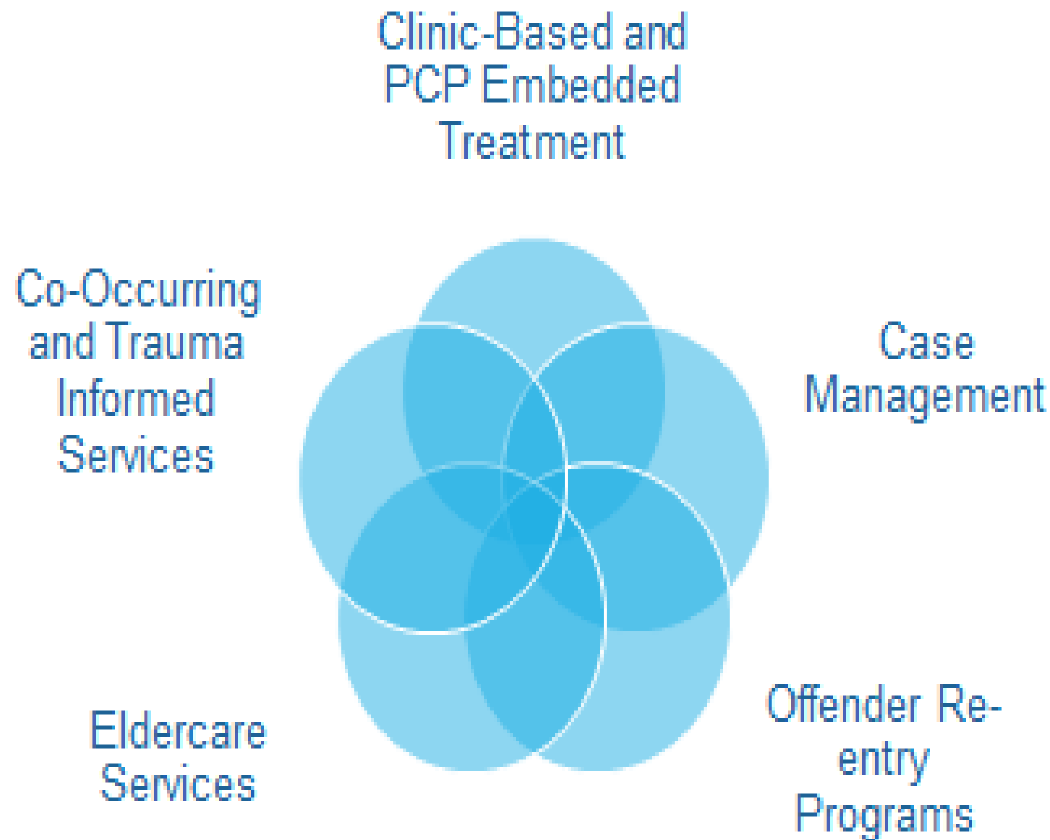
CRISIS SERVICES

PAYMENT MECHANISMS: Grant Funding, Private Insurance and Medicaid Fee-For-Service



ADULT OUTPATIENT SERVICES

PAYMENT MECHANISMS: Private Insurance, Medicaid and Private Pay Fee-For-Service, Multiple Grant Funding



SERVICES FOR YOUTH AND FAMILIES

PAYMENT MECHANISMS: Medicaid and Private Insurance Fee-For- Service, Daily Waiver Rate, Per-Member-Per Month Rate, Monthly Case-Rate (90 Day Look Back), Contract Invoicing

Assessment, Treatment and Case Management

Therapeutic Services → Education and Employment

Crisis Services

Medical Management

Consultation and Collaboration

Prevention, Screening and Referral

Hospitalization, Diversion, and Residential Services

DA/SSA Expenses by Division

SA
4%
5,363 People

Non-MH
1%

Other
1%

Child
29%
10,585 People

Adult
4%
6,685
People

DD
45%
3,523 People

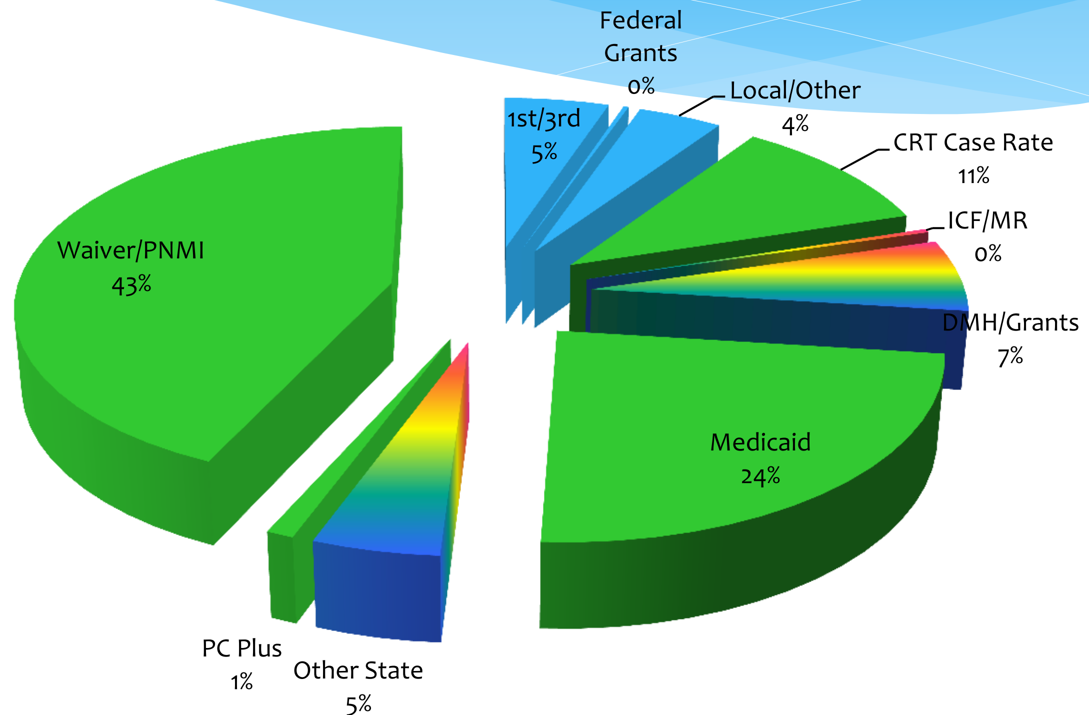
CRT
13%
2,704 People

Crisis
3%
5,205 People

DA/SSA Revenues

FY2014

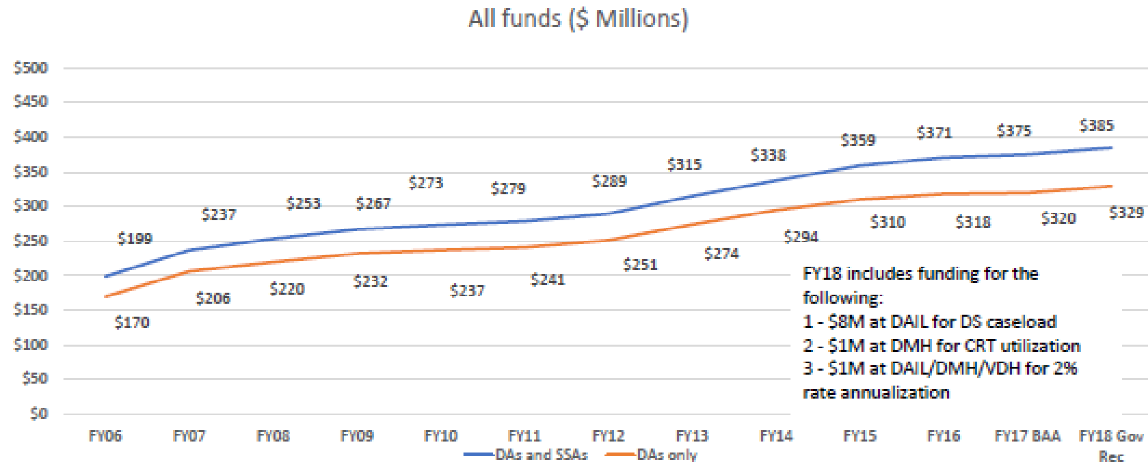
* 79% of DA funding is from varying Medicaid sources and 90% of all funding is from State sources.



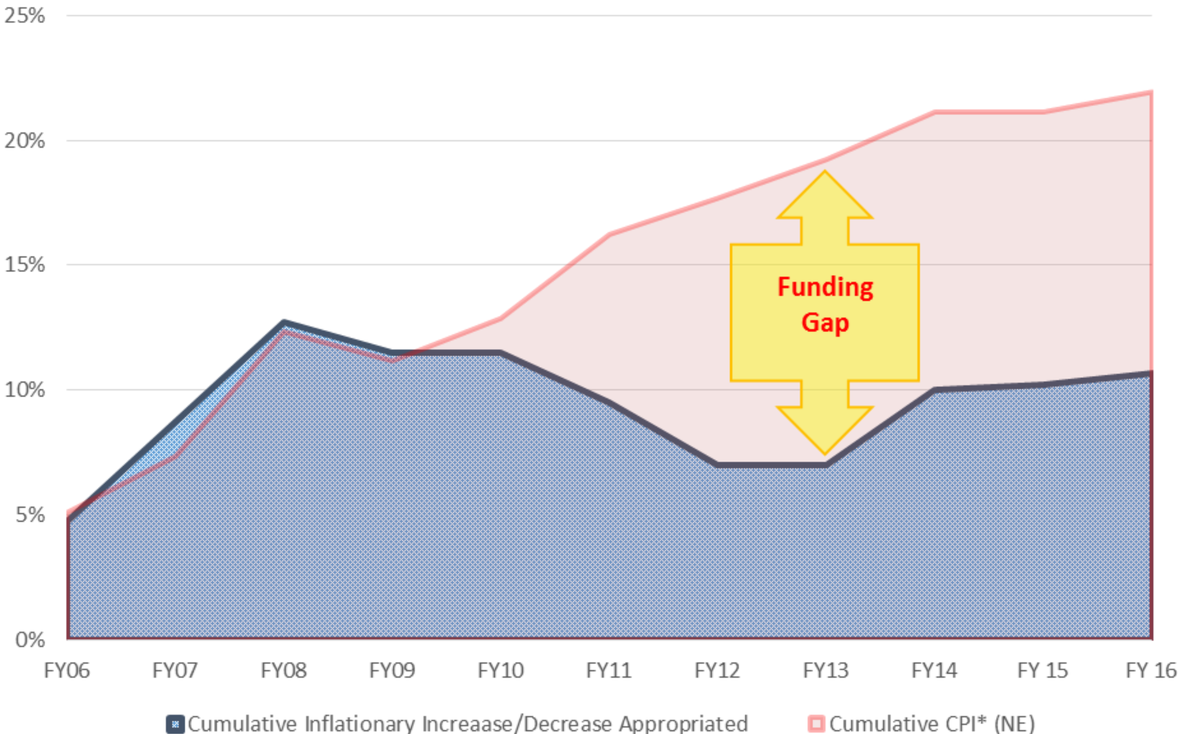
Fiscal Challenges

* **Funding for designated agencies is capped and does not reflect increasing demands for services or the increasing acuity of the people served**
* **Medicaid rates are too low to fully fund the cost of services, leading to low staff compensation, high caseloads and challenges with providing the most effective treatment modalities**
* **Some services are unfunded or underfunded, including crisis services, guardianship evaluations, eldercare and services to very high needs individuals with developmental disabilities**
* **The system of care has not received annual cost of living adjustments (COLAs) to keep up with inflation or services directly provided by state government**
* **Unlike some other health providers cost-shifting is not an option**

AHS Funding for Designated Agencies and Specialized Services Agencies



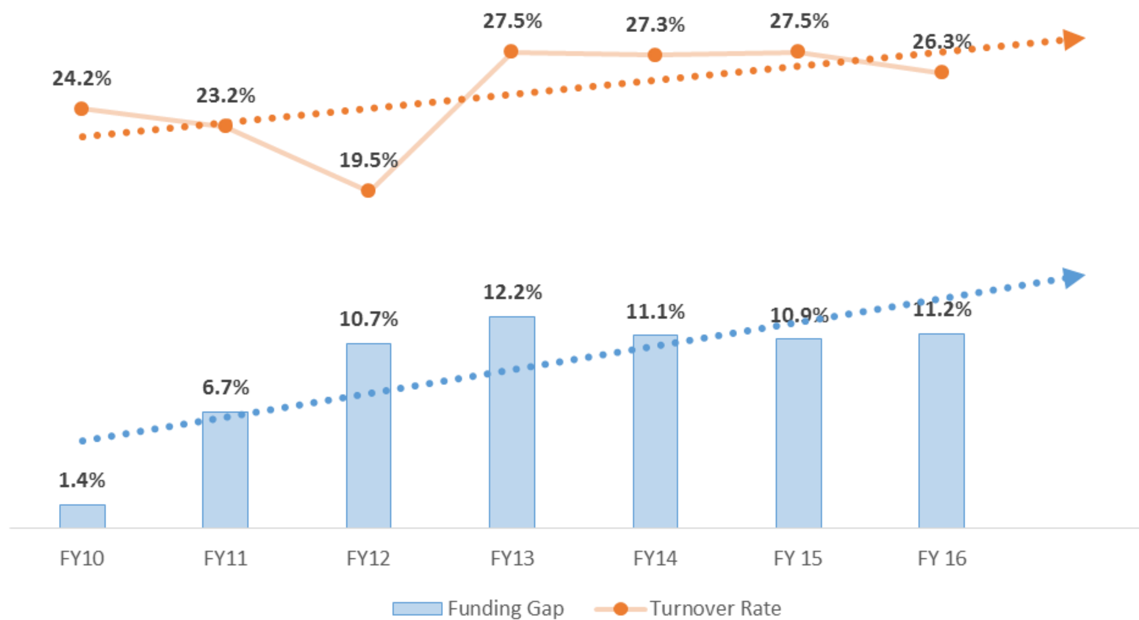
The Gap Between inflation and Funding for Designated Agencies



Workforce Challenges

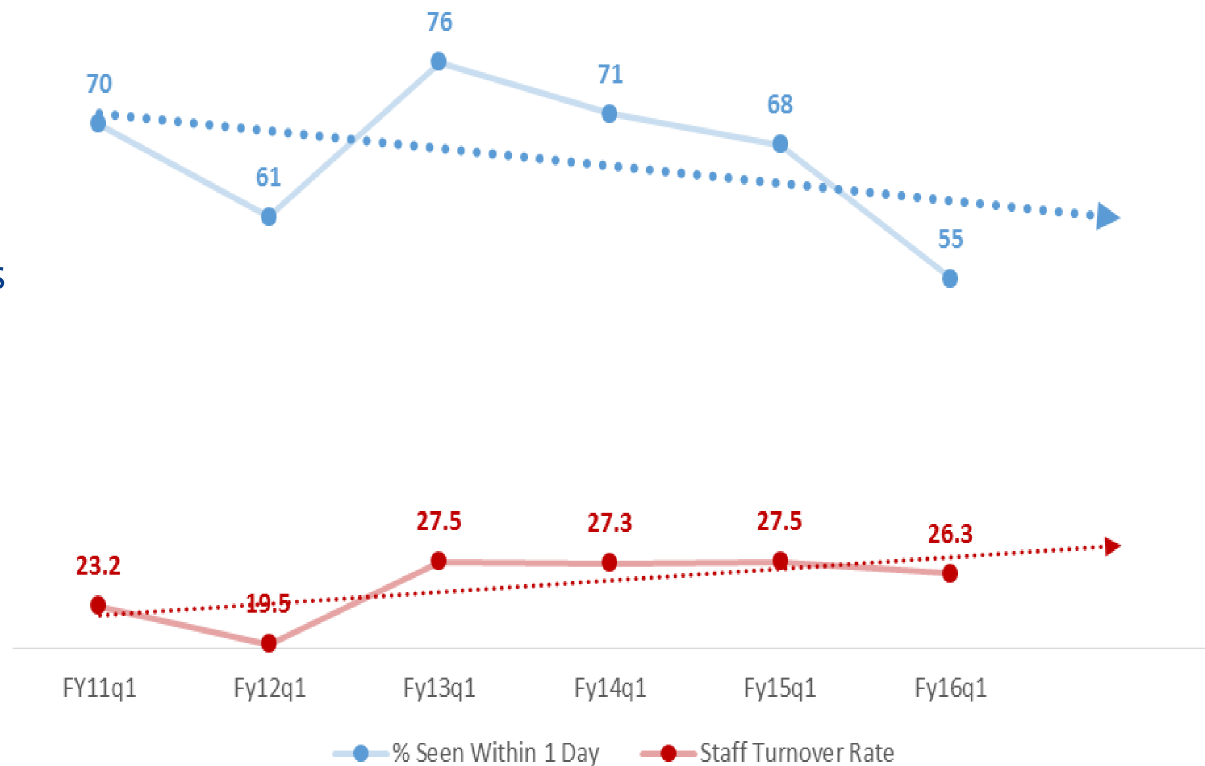
* *Staff turnover in FY16 was 26.3% due to uncompetitive compensation*
* *There are 400 staff vacancies system wide with some agencies having 10% or more positions vacant*
* *BA level staff earn salaries $18,000 below equivalent state employees and licensed clinicians earn $16,000 less. We compete for staff with health care providers and schools who offer higher salaries, too*
* *It would take over $43 million to raise direct care salaries up to the level of state employee.*
* *Recruitment and training costs $4,160 per position. Therefor over $4.6 million per year must be redirected away from direct service.*
* *The impact of workforce challenges on the people we serve is reduced access, continuity and quality of care*

Funding and Staff Turnover Relationship



One Example Impact of Turnover on Quality of Care

The percent of CRT clients seen within 1 day of discharge and overall turnover rate within the DA and SSA system.



Vermont Care Partners is Promoting Innovation and Accountability

- We are developing Centers of Excellence
- Using Results Based Accountability to improve quality
- Promoting electronic medical records and connectivity with the Vermont Health Information Exchange (VHIE)
- Developing a data repository for system wide data analytics
- Actively participating in Vermont's health reform initiatives

CRT Case Example: Lina

- In her early 30s
- Initially contacted designated agency for outpatient therapy appointment
- Had significant trauma history and borderline personality disorder diagnosis
- Significant self-harming behaviors and alcohol dependence
- Struggled in relationships and life functioning
- After several long hospitalizations, without showing improvements, Lina was referred by therapist to CRT program

How does a designated agency help?

Interventions provided	What it is	How did this help Lina?	What skills and resources are needed?
Case management	Home-, phone-, community- and office based support to coordinate treatment, refer for needed supports such as health/housing/voc., and advocacy	Lina's case manager helped her develop her treatment plan that supported Lina's goals of working and owning a home.	• Trained in trauma-Informed practice; mental illness; recovery; and WRAP; • Transportation
Dialectical Behavioral Therapy Program	Weekly individual and weekly group therapy designed to support clients in replacing maladaptive coping skills with more adaptive skills. Evidenced-based practice.	Lina's therapist and group supported her to developing positive coping skills that allowed her to function in social and vocational settings.	• Master's degree • Intensive training in DBT • Time resources to coordinate with rest of treatment team • Ability to facilitate DBT groups
Psychiatry	Clinical assessment, supportive counseling, medication management	Medication and clinical support promoted Lina's recovery	• MD or PMHNP degree • Time resource to coordinate with rest of treatment team
Employment Program	Coaching for training, job searching, and maintaining employment	Over time, Lina was able to get her LNA, part-time work, and eventually full-time work in the health care field.	• Training in Supported Employment practices • Transportation (community based services)

Interventions Provided	What it is	How did this help Lina?	What resources and skills are needed?
Community Living Program	Staff resource providing community-based daily living skills development (grocery shopping, laundry, social networking, medication support)	Lina did not drive. This team helped her manage daily life, such as grocery shopping, laundry, and budgeting.	-Human resources (staffing) -Training in trauma, mental illness -Transportation
Recovery Center	Day treatment program where clients practice skills focused on wellness, employment, life and social skills, and recovery education classes	Lina dropped in on Sunrise for meals, for social connection with others, for emotional support from staff, for recovery education classes, and wellness	-Training (see above); -Experiencing in use of WRAP -Wellness resources: kitchen, gym equipment
Crisis Bed	A setting available for up to six people to stay when experiencing a mental health crisis	Lina occasionally experienced mental health crises, often brought on by excessive alcohol use. She would stay at the crisis bed for 1-2 days to de-escalate until she was ready to return home.	-24/7 staffing -On-call psychiatric support -Training and experience in best practices around crisis clinical interventions

When Lina moved out of county back to the community she was raised in, Lina was a member of the CRT program's standing committee. Although she still didn't drive, she had purchased a home, had earned her LNA, had repaired some challenging relationships with former coworkers, and was last heard to be working full-time.

Impact of Workforce Challenges and Turnover for Lina

Interventions provided	What it is:	How did this help Lina?	What skills and resources are needed ?	How did workforce shortage impact Lina's treatment?
Case management	Home-, phone-, community- and office based support to coordinate treatment, refer for needed supports such as health/housing/voc., and advocacy	Lina's case manager helped her develop her treatment plan that supported Lina's goals of working and owning a home.	Trained in trauma-Informed practice; Trained in mental illness, recovery, and WRAP; Transportation	Lina may be assigned one or more new case managers during her treatment; they may or may not be familiar with her team, or goals, or experienced in best practice.
Dialectical Behavioral Therapy Program	Weekly individual and weekly group therapy designed to support clients in replacing maladaptive coping skills with more adaptive skills. Evidenced-based practice.	Lina's therapist and group supported her to developing positive coping skills that allowed her to function in social and vocational settings.	• Master's degree • Intensive training in DBT • Time resources to coordinate with rest of treatment team • Ability to facilitate DBT groups	An agency may not have clinicians trained in DBT due to turnover in clinical staff; may not want to put resources into training due to turnover; this could impact Lina's ability to access care that is best indicated for her diagnosis.
Psychiatry	Clinical assessment, supportive counseling, medication management	-Medication and clinical support promoted Lina's recovery	• MD or PHMNP degree • Time resource to coordinate with rest of treatment team	The ability to hire/maintain psychiatrists is a challenge in the designated agency system; Lina may have to be referred to a provider in the community who does not have the time to consult with the treatment team.
Employment Program	Coaching for training, job searching, and maintaining employment	Over time, Lina was able to get her LNA, part-time work, and eventually full-time work in the health care field.	• Training in Supported Employment practices • Transportation (community based services)	-Significant cuts to Voc Rehab have already reduced employment staffing in agencies; Lina would not get the same support in getting her LNA or her job

Impact of Workforce Challenges and Turnover for Lina

Intervention provided	What it is	How did this help Lina?	What skills and resources are needed ?	How did workforce shortage impact Lina's treatment?
Community Living Program	Provide community-based daily living skills development (grocery shopping , laundry, social networking, medication support)	Lina did not drive. This team helped her manage daily life, such as grocery shopping, laundry, and budgeting.	• Human resources (staffing) • Training in trauma, mental illness • Transportation	-Staff vacancies due to low pay could leave Lina without support and coaching in life skills, leading to an escalation of mental illness/crisis
Recovery Center	Day treatment program; practice skills; attend recovery education series	Lina dropped in on Sunrise for meals; for social connection with others; for emotional support from staff, and for recovery education classes, and wellness	• Training (see above); • Experiencing in use of WRAP • Wellness resources: kitchen, gym equipment	-Inability to access peer supports and wellness resources would slow or stall Lina's recovery and could increase costs related to physical health
Crisis Bed	A setting available for up to six people to stay when experiencing a mental health crisis	Lina occasionally experienced mental health crises, often brought on by excessive alcohol use. She would stay at the crisis bed for 1-2 days to de-escalate until she was ready to return home.	• 24/7 staffing • On-call psychiatric support • Training in best practices around crisis clinical interventions	-Staffing shortages in crisis beds could lead to the closure of a crisis bed, which might mean Lina finds herself in the ER, waiting for inpatient hospitalization.

Case Example: Molly

* Molly was taken from her mother into DCF custody at six weeks, due to "failure to thrive." At that time, her father was in jail on a domestic assault charge, and she was placed in foster care. DCF referred Molly to an Early Childhood and Family Mental Health program at her designated agency at age 18 months after her father had been awarded custody and she was slowly transitioning from her foster home to the home of her father and his girlfriend.

How does a designated agency help?

Interventions provided	What it is	How did this help Molly?	What skills and resources are needed?
Age 18 months: Clinical Assessment, Consultation to DCF team	-Home-based clinical assessment and home visits -Weekly/monthly role at team meeting (DCF office location)	Molly's DCF transition plan was designed with a focus on her mental health; Molly's two sets of parents were supported in working together; Molly left DCF custody and lives permanently with her father	-Master's degree -Training in clinical assessment, early childhood development and mental health, relationship with community team (DCF), domestic violence training -Quality clinical supervision
Age 3-4: Home-based dyadic therapy, supportive counseling, and developmental guidance	-Weekly visits to home -Dyadic trauma-informed sessions -Referral for childcare resources -Safety planning for domestic violence -Transportation to/from community integration (gymnastics)	-Molly's stepmother received supportive counseling and resources to support her through a challenging period, and skills to support Molly's self-regulation -Molly was able to attend childcare and preschool with financial assistance -Molly started gymnastics with activity funding from DA	-See above -These services could only be provided in a home-based setting -Knowledge of DA resources
Age six: Office-based therapy; coordination of treatment team	-Parent-child therapy using trauma-informed, evidenced based practice -Facilitation of treatment team meeting and ongoing coordination	-Molly's challenging behavior at home and at school were addressed through therapy and parent-child work -Molly and her family were able to establish a consistent visitation schedule that they have maintained for over two years	-See above -Training in coordination of ACT 264 "Coordinated Services Plan" meeting

What is the impact of turnover for Molly and her family?

Interventions provided	What it is:	How did this help Molly?	What skills and resources are needed?	How does workforce shortage impact Molly?
Age 18 months: Clinical Assessment, Consultation to DCF team	-Home-based clinical assessment and home visits -Weekly/monthly role at team meeting (DCF office location)	Molly's DCF transition plan was designed with a focus on her mental health; Molly's two sets of parents were supported in working together; Molly left DCF custody and lives permanently with her father	-Master's degree -Training in clinical assessment, early childhood development and mental health, relationship with community team (DCF), domestic violence training -Quality clinical supervision	-Recruitment and retention of master's-level staff is challenging; field of early childhood clinicians is small. -Trusting relationship with community partners is crucial to successful outcomes
Age 3-4: Home-based dyadic therapy, supportive counseling, and developmental guidance	-Weekly visits to home -Dyadic trauma-informed sessions -Referral for childcare resources -Safety planning for domestic violence -Transportation to/from community integration (gymnastics)	-Molly's stepmother received supportive counseling and resources to support her through a challenging period, and skills to support Molly's self-regulation -Molly was able to attend childcare and preschool with financial assistance -Molly started gymnastics with activity funding from DA	-See above -These services could only be provided in a home-based setting -Knowledge of DA resources	-See above -Molly's family may not have accessed these services without prior relationship with clinician, and it is almost impossible to find independent clinicians who practice in home-based settings
Age six: Office-based therapy; coordination of treatment team;	-Parent-child therapy using trauma-informed, evidenced based practice -Facilitation of treatment team meeting and ongoing coordination	-Molly's challenging behavior at home and at school were addressed through therapy and parent-child work -Molly and her family were able to establish a consistent visitation schedule that they have maintained for over two years	-See above -Training in coordination of ACT 264 "Coordinated Services Plan" meeting	-See above -Supporting families through complexity of school and legal system takes experience and training; teaming is key to successful outcomes for vulnerable children.

A STATEWIDE SYSTEM OF CARE IN VERMONT DESIGNATED AND SPECIALIZED SERVICE AGENCIES

Cost Comparisons:

- ***Cost of hospitalization (RRMC, FAHC, BR) $530,710/yr***
  - ***Level 1 Daily Rates: RRMC : $1,484, BR: $1,424, Average: $1,454***
- ***Cost of hospitalization (VPCH) $831,105/yr***
  - ***Daily Rate: $2,277***
- ***Cost of incarceration $59,640/yr – in Vermont***
- ****Cost of State Operated Institutions $255,692 (FY2013)***
- ***Cost of Community Services for CRT Client - $19,389/yr***
- ***Cost of Home and Community Based Services (HCBS) for people receiving Developmental Services $56,085/yr***
- ***Cost of HCBS for Children receiving Waiver services $68,959/yr***

Note: The HCBS cost is from the DS Annual Report for FY2014, and the institutional cost is the average state operated institutional cost from *The State of the States in Developmental Disabilities: Emerging from the Great Recession*, January 2015

Recovery and Healing Happen When:

* **Teams are coordinated and collaborative**
* **Providers are skilled, experienced, and supported**
* **Vulnerable Vermonters are served flexibly in their communities**

Investing in community based services can prevent the need for higher acuity and more costly services

Vermont
Care Partners